

Attachment 2015

Dr. Martin Luther King, Jr. Commemorative Committee *Children of the Dream Award Nomination Form*

PLEASE NOTE: Deadline for submission of this nomination form is December 5, 2014.

Date: _____

Name: _____ **Age:** _____

Name of Parent(s) or Guardian(s):

Address:

Telephone Number(s): _____ (Home) _____ (Work) _____

School:

Name, address and telephone number of nominating organization and/or individual:

Please provide brief descriptions of the following:

- 1. List of school activities, honors, awards and volunteer experience.**
- 2. Candidate's citizenship, leadership and community involvement experience/activities.**
- 3. Candidate's educational and career goals.**
- 4. Candidate's plans for future involvement in community and/or organizational activities.**

Please mail the completed nomination form, and any attachments to:

**Dr. Yvette Weir, Chair, Dr. Martin Luther King, Jr. Awards
Committee
Children of the Dream Award
Office of Human Rights
21 Maryland Avenue, Suite 330
Rockville, MD 20850**